

<i>SERFF Tracking Number:</i>	<i>SYMX-125875216</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Symetra Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>40697</i>
<i>Company Tracking Number:</i>	<i>GR AR0006210F02</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium</i>	<i>Sub-TOI:</i>	<i>L09I.001 Single Life</i>
	<i>Adjustable Life</i>		
<i>Product Name:</i>	<i>L-9859 BOLI 2001 CSO</i>		
<i>Project Name/Number:</i>	<i>IND- Individual/GR AR0006210F02</i>		

Filing at a Glance

Company: Symetra Life Insurance Company	SERFF Tr Num: SYMX-125875216	State: ArkansasLH
Product Name: L-9859 BOLI 2001 CSO	SERFF Status: Closed	State Tr Num: 40697
TOI: L09I Individual Life - Flexible Premium		
Adjustable Life		
Sub-TOI: L09I.001 Single Life	Co Tr Num: GR AR0006210F02	State Status: Filed-Closed
Filing Type: Form	Co Status:	Reviewer(s): Linda Bird
	Author: Symetra Life	Disposition Date: 10/28/2008
	Date Submitted: 10/27/2008	Disposition Status: Accepted For
		Informational Purposes
Implementation Date Requested: 01/01/2009		Implementation Date:
State Filing Description:		

General Information

Project Name: IND- Individual	Status of Filing in Domicile:
Project Number: GR AR0006210F02	Date Approved in Domicile:
Requested Filing Mode: Informational	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Group
Submission Type: Resubmission	Previous Filing Number: ind gr ar0006210F01
Group Market Size: Small	Overall Rate Impact:
Group Market Type: Discretionary	Filing Status Changed: 10/28/2008
	State Status Changed: 10/28/2008
Deemer Date:	Corresponding Filing Tracking Number:
Filing Description:	
October 27, 2008	

SYMETRA Life Insurance Company
 NAIC # 1129-68608 FEIN # 91-0742147

SERFF Tracking Number: SYMX-125875216 *State:* Arkansas
Filing Company: Symetra Life Insurance Company *State Tracking Number:* 40697
Company Tracking Number: GR AR0006210F02
TOI: L09I Individual Life - Flexible Premium *Sub-TOI:* L09I.001 Single Life
Adjustable Life
Product Name: L-9859 BOLI 2001 CSO
Project Name/Number: IND- Individual/GR AR0006210F02

INFORMATIONAL FILING

L-9859 10-08 - Revised Policy Schedule Page

L-9860 10-08 - Revised Certificate Schedule Page

We are submitting copies of final versions of the above referenced forms. The content does not deviate from normal company or industry standards and contain no unusual or controversial items.

The forms are revised schedule pages for Group Universal Life Policy L-9859 6/06 and Group Universal Life Certificate L-9860 6/06, approved in your state on 06/28/06. These revisions update the contracts to reflect the 2001 CSO Tables and will replace the current schedule pages. The application used with these schedule pages is LUC-119 1/00 and was approved in your state on 2/10/00. There are no other changes to the contracts.

Forms L-9859 6/06 and L-9860 6/06, to which the above referenced form will be attached, are offered to banking institutions for coverage on the lives of specific consenting officers of the bank.

We plan to begin issuing policies with the revised schedule pages on 1/1/09.

If you have questions, please contact me at the contact information below.

Sincerely,

Jennifer Bowles
Contract Analyst
Jennifer.bowles@symetra.com
425-256-5536
800-796-3872 ext 65536

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Filing Company:	Symetra Life Insurance Company	State Tracking Number:	40697
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Product Name:	L-9859 BOLI 2001 CSO		
Project Name/Number:	IND- Individual/GR AR0006210F02		

Company and Contact

Filing Contact Information

Jennifer Bowles, Insurance Compliance Analyst Jennifer.Bowles@symetra.com
P.O. Box 34690 SC-11 (425) 256-8000 [Phone]
Seattle, WA 98124-1690 (425) 256-5466[FAX]

Filing Company Information

Symetra Life Insurance Company	CoCode: 68608	State of Domicile: Washington
P.O. Box 34690	Group Code: 1129	Company Type:
Seattle, WA 98124-1690	Group Name:	State ID Number: 667
(425) 256-8000 ext. [Phone]	FEIN Number: 91-0742147	

Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Symetra Life Insurance Company	\$0.00	10/27/2008	

<i>SERFF Tracking Number:</i>	<i>SYM-125875216</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Symetra Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>40697</i>
<i>Company Tracking Number:</i>	<i>GR AR0006210F02</i>		
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<i>Product Name:</i>	<i>L-9859 BOLI 2001 CSO</i>		
<i>Project Name/Number:</i>	<i>IND- Individual/GR AR0006210F02</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Linda Bird Informational Purposes		10/28/2008	10/28/2008

<i>SERFF Tracking Number:</i>	<i>SYMX-125875216</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>L-9859 BOLI 2001 CSO</i>		
<i>Project Name/Number:</i>	<i>IND- Individual/GR AR0006210F02</i>		

Disposition

Disposition Date: 10/28/2008

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	SYMX-125875216	State:	Arkansas
Filing Company:	Symetra Life Insurance Company	State Tracking Number:	40697
Company Tracking Number:	GR AR0006210F02		
TOI:	L09I Individual Life - Flexible Premium Adjustable Life	Sub-TOI:	L09I.001 Single Life
Product Name:	L-9859 BOLI 2001 CSO		
Project Name/Number:	IND- Individual/GR AR0006210F02		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Application		Yes
Supporting Document	Certification/Notice		Yes
Supporting Document	Actuarial Memo		No
Supporting Document	Actuarial Demo		No
Supporting Document	Cover Letter		Yes
Form	Policy Specs 2001 CSO Tables		Yes
Form	Certificate Specs 2001 CSO Tables		Yes

SERFF Tracking Number:	SYMX-125875216	State:	Arkansas
Filing Company:	Symetra Life Insurance Company	State Tracking Number:	40697
Company Tracking Number:	GR AR0006210F02		
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Project Name/Number:	IND- Individual/GR AR0006210F02		

Form Schedule

Lead Form Number: L-9859 10/08

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	L-9859 10/08	Policy/Cont Policy Specs 2001 ract/Fratern CSO Tables al Certificate	Revised	Replaced Form #: Previous Filing #:	0	L-9859 10_08 .PDF
	L-9860 10/08	Policy/Cont Certfcate Specs ract/Fratern 2001 CSO Tables al Certificate	Revised	Replaced Form #: Previous Filing #:	0	L-9860 10_08.PDF

Policy Specifications (Continued)

Schedule Of Guaranteed Maximum Monthly Insurance Rates (per \$1,000 of insurance):

<u>Age</u>	Male Non Smk	Male Smk	Female Non Smk	Female Smk	<u>Age</u>	Male Non Smk	Male Smk	Female Non Smk	Female Smk
20	\$0.0792	\$0.1084	\$0.0375	\$0.0491	60	\$0.7890	\$1.4392	\$0.6451	\$1.2196
21	\$0.0792	\$0.1134	\$0.0391	\$0.0525	61	\$0.8825	\$1.5938	\$0.7006	\$1.3195
22	\$0.0792	\$0.1192	\$0.0400	\$0.0550	62	\$0.9913	\$1.7719	\$0.7595	\$1.4256
23	\$0.0800	\$0.1251	\$0.0400	\$0.0575	63	\$1.1104	\$1.9631	\$0.8218	\$1.5343
24	\$0.0808	\$0.1317	\$0.0416	\$0.0608	64	\$1.2348	\$2.1548	\$0.8901	\$1.6517
25	\$0.0833	\$0.1392	\$0.0425	\$0.0658	65	\$1.3645	\$2.3427	\$0.9660	\$1.7787
26	\$0.0867	\$0.1468	\$0.0458	\$0.0700	66	\$1.4961	\$2.5251	\$1.0487	\$1.9170
27	\$0.0883	\$0.1509	\$0.0475	\$0.0742	67	\$1.6338	\$2.7096	\$1.1409	\$2.0709
28	\$0.0867	\$0.1518	\$0.0500	\$0.0792	68	\$1.7795	\$2.8988	\$1.2433	\$2.2397
29	\$0.0858	\$0.1509	\$0.0525	\$0.0842	69	\$1.9434	\$3.1077	\$1.3551	\$2.4261
30	\$0.0850	\$0.1501	\$0.0550	\$0.0892	70	\$2.1351	\$3.3475	\$1.4816	\$2.6371
31	\$0.0842	\$0.1509	\$0.0583	\$0.0958	71	\$2.3685	\$3.6431	\$1.6262	\$2.8738
32	\$0.0850	\$0.1534	\$0.0616	\$0.1025	72	\$2.6423	\$3.9881	\$1.7846	\$3.1320
33	\$0.0875	\$0.1584	\$0.0658	\$0.1109	73	\$2.9317	\$4.3373	\$1.9580	\$3.4145
34	\$0.0892	\$0.1643	\$0.0708	\$0.1217	74	\$3.2440	\$4.7173	\$2.1505	\$3.7113
35	\$0.0933	\$0.1710	\$0.0767	\$0.1326	75	\$3.5855	\$5.1419	\$2.3625	\$4.0241
36	\$0.0975	\$0.1810	\$0.0825	\$0.1434	76	\$3.9723	\$5.6155	\$2.5957	\$4.3637
37	\$0.1034	\$0.1927	\$0.0875	\$0.1526	77	\$4.4246	\$6.1669	\$2.8547	\$4.7315
38	\$0.1109	\$0.2069	\$0.0917	\$0.1618	78	\$4.9533	\$6.8041	\$3.1380	\$5.1304
39	\$0.1175	\$0.2228	\$0.0967	\$0.1718	79	\$5.5501	\$7.5117	\$3.4503	\$5.5617
40	\$0.1267	\$0.2420	\$0.1025	\$0.1827	80	\$6.2210	\$8.2927	\$3.8399	\$6.1028
41	\$0.1376	\$0.2654	\$0.1092	\$0.1952	81	\$6.9571	\$9.1313	\$4.3214	\$6.7695
42	\$0.1509	\$0.2930	\$0.1167	\$0.2111	82	\$7.7444	\$10.0037	\$4.8343	\$7.4621
43	\$0.1668	\$0.3256	\$0.1259	\$0.2286	83	\$8.6134	\$10.9445	\$5.3766	\$8.1759
44	\$0.1843	\$0.3625	\$0.1367	\$0.2495	84	\$9.5912	\$12.0224	\$5.9856	\$8.9261
45	\$0.2036	\$0.3993	\$0.1493	\$0.2738	85	\$10.6934	\$13.2626	\$6.6077	\$9.6262
46	\$0.2228	\$0.4362	\$0.1643	\$0.3022	86	\$11.9241	\$14.6304	\$7.3493	\$10.4431
47	\$0.2387	\$0.4672	\$0.1818	\$0.3374	87	\$13.2764	\$16.1109	\$8.2751	\$11.4685
48	\$0.2512	\$0.4907	\$0.2010	\$0.3792	88	\$14.7402	\$17.6848	\$9.2636	\$12.5086
49	\$0.2671	\$0.5209	\$0.2228	\$0.4261	89	\$16.3060	\$19.3369	\$10.2602	\$13.4725
50	\$0.2880	\$0.5603	\$0.2470	\$0.4764	90	\$17.8975	\$20.9667	\$11.0021	\$14.0258
51	\$0.3148	\$0.6115	\$0.2746	\$0.5318	91	\$19.4963	\$22.5498	\$11.7183	\$14.4826
52	\$0.3474	\$0.6737	\$0.3056	\$0.5914	92	\$21.2072	\$24.2085	\$12.9201	\$15.4785
53	\$0.3851	\$0.7486	\$0.3382	\$0.6561	93	\$23.0525	\$25.9611	\$14.5791	\$16.9099
54	\$0.4328	\$0.8378	\$0.3725	\$0.7250	94	\$25.0443	\$27.8749	\$16.6957	\$18.9498
55	\$0.4865	\$0.9331	\$0.4119	\$0.7982	95	\$0.000	\$0.000	\$0.000	\$0.000
56	\$0.5419	\$1.0318	\$0.4546	\$0.8766					
57	\$0.5956	\$1.1231	\$0.4999	\$0.9559					
58	\$0.6493	\$1.2103	\$0.5469	\$1.0386					
59	\$0.7124	\$1.3128	\$0.5947	\$1.1273					

Policy Specifications (Continued)

Minimum Insurance Protection: The Minimum Insurance Protection under the Certificate at any time is the applicable percentage of the Accumulation Fund based upon the attained age as of the last birthday of the Insured at the beginning of the Certificate year, as follows:

<u>Age</u>	Male		Female		<u>Age</u>	Male		Female	
	<u>Non</u> <u>Smk</u>	<u>Male</u> <u>Smk</u>	<u>Non</u> <u>Smk</u>	<u>Female</u> <u>Smk</u>		<u>Non</u> <u>Smk</u>	<u>Male</u> <u>Smk</u>	<u>Non</u> <u>Smk</u>	<u>Female</u> <u>Smk</u>
20	704	547	823	638	60	112	89	136	103
21	678	526	791	612	61	106	84	130	98
22	653	506	760	587	62	101	80	123	93
23	628	487	730	564	63	95	76	117	89
24	604	469	700	540	64	90	72	111	84
25	581	451	672	518	65	85	68	105	80
26	559	434	645	497	66	80	65	99	76
27	537	417	619	476	67	76	62	94	72
28	516	401	594	456	68	71	58	89	68
29	495	385	569	437	69	67	55	84	65
30	475	369	546	419	70	63	52	79	61
31	456	354	523	401	71	59	49	75	58
32	437	340	501	384	72	56	46	70	55
33	418	325	480	368	73	52	44	66	52
34	401	311	460	352	74	49	41	62	49
35	383	298	441	337	75	46	39	58	46
36	367	285	422	322	76	43	36	55	44
37	351	272	404	308	77	40	34	51	41
38	335	260	387	294	78	37	32	48	39
39	320	249	370	281	79	35	30	45	36
40	306	237	354	269	80	32	28	41	34
41	292	227	338	257	81	30	26	38	32
42	279	216	323	245	82	28	24	36	30
43	266	206	309	234	83	26	23	33	28
44	254	197	295	223	84	24	21	30	26
45	242	188	281	213	85	22	20	28	24
46	231	179	269	203	86	20	18	25	22
47	220	171	256	193	87	18	17	23	20
48	210	163	244	184	88	17	15	20	18
49	200	155	233	175	89	15	14	18	17
50	190	148	222	167	90	13	13	16	15
51	181	141	212	159	91	11	11	13	13
52	172	134	202	152	92	9	9	10	10
53	163	127	192	145	93	7	7	7	7
54	155	121	183	138	94	4	4	4	4
55	147	115	175	131					
56	139	109	166	125					
57	132	104	158	119					
58	125	99	151	114					
59	119	94	143	108					

CERTIFICATE SPECIFICATIONS

Group Policy Number: [12345]

Policyholder: [ABC Company]

Insured: [John Q. Doe]

Issue date: [Jan 01, 2006]

Issue Age: [35]

Class: [male] [non-smoker]

Face Amount: [\$1,000,000]

Maturity Date: [First Certificate anniversary following the Insured's 95th birthday]

Minimum Guaranteed Interest Rate: An interest rate of 1% per Certificate year.

Monthly Maintenance Fee: \$4.00 per Insured

Basis of Computations: Minimum cash values are based on the 2001 Commissioners Standard Ordinary Mortality Table Age Last Birthday with an annual effective interest rate of 1 percent per year. Deaths are assumed to occur at the end of the Policy year.

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Review Status:	
Satisfied -Name: Application	10/27/2008
Comments: Application form number noted in the cover letter.	
Review Status:	
Satisfied -Name: Certification/Notice	10/27/2008
Comments: Document satisfied requirements	
Review Status:	
Satisfied -Name: Cover Letter	10/27/2008
Comments: Attachment: Cover Letter.PDF	

October 27, 2008

SYMETRA Life Insurance Company
NAIC # 1129-68608 FEIN # 91-0742147

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